
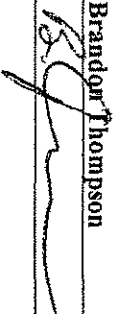


California's Child and Family Services Review System Improvement Plan

County:	Glenn
Responsible County Child Welfare Agency:	Human Resource Agency
Period of Plan:	May 18, 2007 to May 15, 2008
Period of Outcomes Data:	(1) SIP Update 2007
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California Child and Family Services Review

County System Improvement Plan Update May 2008

There has been a review of each of the SIP items from the plan submitted in 2007. SIP updates have been noted as well as new improvement goals for the next year. Local stakeholders and agency partners have continued to be involved in Glenn County SIP activities since it was completed in May 2007. The Glenn County Children's Interagency Coordinating Council (CICC) remains the oversight structure for communication about children's services. AB 636 activities are discussed, as needed. Within the agency there are regular Child Welfare Improvement Activities (CWIAs) meetings to review SIP items and the progress in meeting goals.

There has been significant improvement in the SIP goals of *Timeliness of Social Worker Visits*. The improvements are directly related to filling social worker vacancies the last six months of 2007. During these vacancies existing staff, including supervisors and the program manager, were continuing to make home visits to ensure the safety and well-being of children. However, there was a considerable lag in entering the data in CWS/CMS, which has since been resolved.

In October 2007, SafeMeasures was implemented. Child Welfare measures and outcomes can now be easily monitored by the CWS manager, supervisors and social workers. An Outcomes and Accountability manager position was added to the Agency in December 2007. These additions will enhance our ability to monitor and track progress in all SIP areas.

Glenn County is scheduled for the next Peer Quality Case Review (PQCR) in October 2008.

Outcome/Systemic Factor: Children are, first and foremost, protected from abuse and neglect.

Safety Outcome 1: Recurrence of Maltreatment 1A and 1B

County's Current Performance:

~~Data has improved~~ Since the last System Improvement Plan (SIP) the percent of children who were not victims of child abuse/neglect with a subsequent substantiated report of abuse/neglect within specific time periods has improved.

Measure 1A: Of all children with a substantiated allegation within the first six months of the study year what percent did not have another substantiated allegation with six months?

The data from the quarterly reports indicate that in 2004-2005 Glenn County met the National Standard of 94.6%, indicating close to a five percentage point increase in the number of children in this category who *did not* experience a subsequent referral within a six month period. 2005-2006 data indicate a continued trend in the number of children who did not have recurrence of maltreatment.

Since the demographics for the child welfare population remains consistent over time, the Department believes that changes in practice have contributed to this improved outcome. In July 2005 Glenn County initiated Family to Family practice and Team Decision Making (TDM) meetings for all referrals at risk of out of home placement and for those who were in emergency placements. Close to the same time Glenn County initiated Differential Response services and the Comprehensive Assessment Tool (CAT).

The measurable impact of the Differential Response (all Pathways) services being provided to Glenn County CWS and non-CWS families still is to be fully discovered. Analysis and interpretation of that data is still in the initial stages. Differential Response services by our community partners have been well received by the families in the county. It is believed that these services have, and will continue to provide families with the necessary support and resources to reduce child abuse and neglect in the county.

SIP Update:

Quarterly report data was compiled in a summary table using yearly data from Quarter 2 (starting quarter of self assessment baseline data) in order to assess the county's outcomes over time as suggested by the Berkeley Dynamic Reporting System. The most recent self assessment data available was for Quarter 2 as well (see Attachment A - summary data compilation). In addition to compiling summary data from the self assessment, summary data from SafeMeasures (see Attachment B) was compiled in a similar manner. This also allowed the Department to drill down and look at specific referrals/cases to determine a more qualitative view of the situation and also identify systemic factors that might cause data entry errors or duplication.

Measure 1A: Based on quarterly reports, Glenn County's rate of no recurrence of maltreatment improved from the baseline 84.0% in Quarter 2-2003 to the current Quarter 3-2007 of 90.6%. Relative to the National Standard of 94.6% Glenn County has remained in the 90% range 13 out of 18 quarters or 70% or the time.

Since Quarter 1-2005 (SafeMeasures) Glenn County has met or exceeded the goal of the PIP in half of the quarters through Quarter 2 2007,

with two quarters exceeding the PIP goal (see Attachment B). In the quarters where recurrences were higher, drilling down to specific cases has helped the county understand some of the dynamics of recurrence and also how small case numbers can significantly impact the outcome. For instance, Quarter 1 2005 indicates a 24.3% in recurrence with the count being 9 children in 5 families with the number of days to recurrence being very short. Short timeframes to recurrence can indicate a problem of duplicate referral entry, additional information to the first referral being entered as a *new* referral, or receipt of more comprehensive information received during investigation of a referral. Quarter 2-2006, where there are nine children in three families is another example. Six of the nine recurrences are within less than ten days. Upon further investigation the second referral on four related children is additional information to the first referral and not actually a new recurrence. The Department is now scrutinizing referrals to assure they are being handled correctly. Using SafeMeasures as a tool to understand the dynamics of recurrence rates has helped us improve our intake practices.

Differential Response (DR) services have likely contributed to improvement in recurrence rates, as designation of DR pathways has improved over time and DR services are improving incrementally as the County gets better at offering and providing these services. The following tables (Business Objects data) provide descriptive data of referrals weighted by level of Differential Response services needed.

Year	DR I Referrals	Percent of Total	Total
2005	43	6%	731
2006	106	15%	700
2007	91	11%	824

Year	DR II Referrals	Percent of Total	Total
2005	13	1%	731
2006	165	24%	700
2007	191	23%	824

Year	DR III Referrals	Percent of Total	Total
2005	26	4%	731
2006	172	25%	700
2007	178	22%	824

One interesting finding is the number of designated referrals that, at the time of the referral or at a later date, became a voluntary or court case (table below). Our community partner (Community Action Division), providing DR referrals services started in July of 2006. Prior to that date, DR I and II designated referral clients were told of services in the community but were not directly served. Data from Quarter 2-2006 is in the mid to high ninety percentile range relative to the National Standard 66.6% of the time.

Year	Total Referrals	All DR Referrals	Became CWS Cases	Percent of DR
2005	731	82	16	2.0%
2006	700	443	71	1.0%
2007	824	120	52	6.0%

From the annual report (contract fiscal year 2006-2007) of our community services partners (CAD) we know the following:

- CAD assisted with setup and coordination of 74 Team Decision Making meetings
- Provided visitation assistance and coordination for 44 cases
- Provided services and support for 406 families (99 DR I, 110 DR II and 123 DR III); some of these services may have been a one-time contact for informing the family of available services

Strengths:

- Duty person designated to respond to IR, 10-day and after-hour referrals with the social worker.
 - Provide immediate emotional support and relationship building with families for DR III cases
 - Provide TDM education, engagement and setting up meeting with 48-hour timeline
 - Support and drop-in services in the Family Resource Centers including abuse prevention education, budgeting, health care and Parent Child Interaction Therapy (PCIT)
 - Community engagement – FRC Parent Board
- Challenges:**
- Quick turnaround time for TDM meetings
 - Bilingual support and services for non-English speaking families
 - Ability to monitor subsequent referrals
 - Ability to monitor and track services provided

Improvement Goal 1.0

The federal standard has been met from the last SIP. However, there is still room for improvement applying the state standard. The goal is to reduce by 2% the rate of recurrence of all children with a substantiated referral during the 12-month study period. (1B).

Reduce the recurrence of abuse/neglect as measured by the number of subsequent substantiated/inconclusive referrals occurring within twelve months by maintaining at 94.6% the number of children who *do not* experience recurrence of maltreatment.

Strategy 1.1

Insure that all referrals are designated as DR I, II or III and that Differential Response services are offered to *all* CWS and non-CWS families as appropriate.

Strategy Rationale

Families are far more receptive to Differential Response services since the service providers are community based as opposed to child welfare services (CWS) staff that appear "more adversarial."

Milestone		Timeframe		Assigned to	
1.1.1 Review Differential Response protocol between community based partners and child welfare services. As partners, such as GCOE and SOC have a better understanding of Differential Response as child abuse prevention, they will become a source of outreach and support for families that can benefit from DR. SIP Update: The DR protocol has been reviewed with county and community partners. CWS partners continue to be supportive of providing child abuse prevention services and have a better understanding of the mandates and activities of CWS.		June 30, 2007-completed. Review annually or as modifications are needed.		CWS program manager and Community Services Unit (CAD) Program Manager	
1.1.2 Review CWS referral data for DR Pathway assignments and compare to Evaluate Out referrals to be sure referrals are being assigned appropriately to all DR Pathway + services. SIP Update: Referral performance reports, which include a DR assignment field are being provided monthly to the ER Supervisor.		Monthly basis beginning July 1, 2007 December 2007. Monthly basis.		Data Analyst, CWS and CAD Program Managers ER Supervisor and Data Analyst	
1.1.3 Monitor both non-CWS and CWS Differential Response cases. Reconcile referral lists to be certain appropriate referrals are being made and there are no referrals <i>falling through the cracks</i> .		Monthly basis beginning June 1, 2007		CWS and CAD Supervisors	

1.1.4 Monitor family level of functioning for all clients receiving DR services.			
SIP Update: CAD service providers audit all DR cases within 90 days of assignment to determine outcome of services. CAD will begin using several assessment tools to determine family functioning. These include a client pre and post self assessment and a staff pre and post assessment (Attachment C).			
Strategy 1.2 Utilize family engagement strategies for all family members to build upon the strengths of the members and identify natural supports. Make referrals to all appropriate service providers.			
		Monthly Child Welfare Improvement Activities meetings	Data analyst, CWS and CAD partners.
		December 2007	Data analyst
		Started July 1, 2007	CAD partners
		Initiate assessments July 1, 2008	CAD partners
Strategy Rationale Utilizing the well-developed resources of the county will strengthen family functioning. Resources are minimal, however the strong interagency collaboration in the county and the established relationships among the service providers promote an excellent service delivery system, such as with Children's System of Care funded through the SAMHSA grant.			
SIP Update: The SAMHSA grant is in its final year of funding, however, Glenn County Mental Health will continue to provide Children's System of Care services primarily through Medi-Cal funding.			

Milestone		Timeframe		Assigned to	
<p>1.2.1. Promote the use of the two family resource centers in the county that are family-focused and family-driven to better engage families in parenting services and family activities. SIP Update: A third site developed in Willows has been utilized since 2007 for the delivery of parenting services, TDM's and visitations.</p>	<p>1.2.2 Provide programmatic oversight for parenting services provided by Parent Education Network (PEN) which include parenting classes, in-home visitation and counseling. SIP Update: Parent Education Network (PEN) closed its doors on March 31, 2008. Parenting services through the same parent educator from PEN have been absorbed by the Community Action. Services have not been interrupted to families.</p>	On-Going Basis		Community Services Coordinator and Program Manager	
		Monthly Basis		CWS Program Manager and PEN Executive Director	
				CWS Program Manager and CAD Program Manager	
<p>1.2.3 Utilize Children's System of Care for services to reduce recurrence of referrals to CWS. Wraparound Services (SB 163) are being implemented in Glenn County. SIP Update: The California Department of Social Services has approved the SB 163 plan for Glenn County. Target date for implementation is August 2008.</p>		June 1, 2007		CWS and SOC Program Managers	
		June 2008-The Northern RTA is providing the required Wraparound training for staff and MAP members.		CWS and SOC Program Managers; CICC Coordinator	

STRATEGY 1.2.3 MOVED TO SAFETY OUTCOME 4

Outcome/Systemic Factor: Children are, first and foremost, protected from abuse and neglect.	
Safety Outcome 2: Recurrence of Abuse/Neglect in Homes Where the Children Were not Removed (2A)	
County's Current Performance: Children who remain in their homes after a report of abuse or neglect have experienced a decrease in the recurrence of maltreatment. Previously reported was 15.9% (federal) with data for 7/1/05-6/30/06 as 5.6% (data for measurement 1A not yet updated by UC Berkeley). The data for California for the same time period is 7.7% (federal). The previous goal was to reduce the federal rate of recurrence by 5%. Glenn county data applying the state standard is 13.7% while California data is 12.3% for 7/1/05-6/30/06.	
SIP Update: Measure 2A (SafeMeasures, attachment A): When looking at <i>any</i> substantiated referral and incidents of recurrence where the child was left in the home, the recurrence rates are below 10% ten out of twelve quarters within the three month timeframe or put as <i>no recurrence</i> the rate is in the 90 percentile for most quarters. Recurrence increases over time and at the twelfth month averages around 18% with the high being 24%. There do not appear to be any trends or patterns in the Glenn County youth population demographics. With little change in the county demographics it appears that risk of subsequent abuse increases significantly over time.	
Improvement Goal 2.0 This is a new goal for Glenn County. Decrease subsequent incidence of recurrence of abuse for children who are not removed from their home by five percentage points.	
Strategy 2.1 Use SafeMeasures to determine if social workers are consistent in determining whether a referral is substantiated or not and if there are any trends or patterns regarding type of abuse, age or gender issues that may impact incidence of recurrence. SIP Update: Training has been occurring in the ER Unit to ensure consistency in substantiating referrals. SafeMeasures reports will provide information on numbers of substantiated referrals by social worker to determine consistency among staff in concluding allegations.	Strategy Rationale SafeMeasures allows the County to determine performance of social workers, look for patterns or trends and drill down to individual cases to have a more comprehensive view of the dynamics of individual families and abuse.

Milestone	2.1.1 Use SafeMeasures weekly to determine if staff is consistent in how and which referrals are substantiated. In unit meetings staff cases of substantiated referrals and subsequent referrals to assure consistency from social worker to social worker. SIP Update: SafeMeasures is being utilized weekly to determine the dynamics of families who have subsequent recurrence of abuse.	Timeframe	On-going	Assigned to	CWS Supervisors and ER social workers.
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Outcome/Systemic Factor: Children are, first and foremost, protected from abuse and neglect.

Safety Outcome 3: No Maltreatment in Foster Care

County's Current Performance:

The county consistently has had no (0%) reported maltreatment of children while in foster care. Reports of maltreatment while in foster care have been extremely limited and substantiated incidents of abuse even more so. Licensing complaints have been made and investigated without a proper CWS referral being entered in CWS/CMS. Due to this practice, Glenn County has not yet established baseline data for this measure.

SIP Update:

This is a new SIP goal for Glenn County.

In the past, Glenn County has reported referrals of incidence of maltreatment in foster care to Community Care Licensing without properly entering the information in CWS/CMS.

Improvement Goal 3.0

The goal is to accurately report all incidence of maltreatment while in foster care.

Strategy 3.1

Any report of maltreatment of a child while in foster care will be reported to county licensing or CCL as well as entered as a CWS referral and disposition.

Strategy Rationale

This practice will then accurately reflect any reported incidence of maltreatment in foster care.

Milestone	Timeframe		Assigned to
3.1.1 Train staff on the necessity of making CWS referrals as well as complaints to the county licensing social worker or CCL and then correctly entering the referral disposition to meet licensing and CWS regulations.	May 2008		ER Supervisor and ER Social Workers
3.1.2 Referral staffing with CWS supervisor as well as SafeMeasures reports will be used to monitor incidences of abuse and their disposition. SafeMeasures data is available on a quarterly basis.	On-going and quarterly		ER Supervisor, Social Workers and CWS Program Manager

Outcome/Systemic Factor: Children are, first and foremost, protected from abuse and neglect.

Safety Outcome 4: Timely Response to 10-Day Referrals

County's Current Performance:

Timeliness has decreased from second quarter 2003 of 93.3% to second quarter 2006 of 70.3% due to chronic staff vacancies and higher caseloads

SIP Update:

There has been significant improvement for this measure as indicated in the table below.

SafeMeasures Timely Response to 10-day Referrals			
	Percent in Compliance	Percent Not in Compliance	
Q1-2008	89.0	11.0	
Q4-2007	92.8	07.2	
Q3-2007	85.2	14.8	
Q2-2007	83.8	16.2	
Q1-2007	75.4	24.6	
Q4-2006	59.4	40.6	

An additional social worker was added to the ER unit filling the vacancy. ER social workers are no longer carrying on-going cases to fill in for other social worker vacancies in the on-going unit. Performance for Quarter 4-2007 was 92.8% for 10-day response referrals (Data source: SafeMeasures).

Improvement Goal 4.0

Increase timeliness of emergency response social worker contacts for ten day referrals to the ninety percentile range within a twelve month period.

Strategy 4.1 Develop standard agency expectations and practice of timely social worker contacts for ten-day referrals.		Strategy Rationale Improved timelines for ten day responses helps assure that children are first and foremost protected and safe.	
4.1.1 ER social workers will meet with their supervisor once a week to report on timely responses for 10 day referrals. SIP Update: Weekly referral reviews are being conducted.		On-going	
4.1.2 Business Objects and SafeMeasures reports will be requested with timeliness of contact information for 10 day responses. SIP Update: Business object referral performance reports with DR designations are being run and given to the ER supervisor at the beginning of each month.		May 1, 2007	CWS ER supervisor
Milestone		Timeframe	
		Assigned to	
			CWS Program Manager and data analyst

<p>4.1.3 ER social workers will not be assigned any on-going cases to allow focus on ER activities. Efforts will be made to hire at least one more ER social worker with the current recruitment. SIP Update: ER social workers are not carrying cases and an additional ER social worker has been hired.</p> <p>4.1.3 Written policy and procedures will be completed to assure all social workers completing ER investigations understand the agency's and Division 31 Regulations.</p>	<p>Immediate</p> <p>June 2008</p>	<p>CWS/ER Supervisor</p> <p>CWS Program Manager</p>
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Outcome/Systemic Factor: Children are, first and foremost, protected from abuse and neglect.

Safety Outcome 5: Timely Social Worker Visits

County's Current Performance:

Social workers in Glenn County have always had good performance on social worker visits but data entry has been a significant problem with staff turnover, high case loads and other mandated duties required of social workers. While the data does not show this, the CWS Supervisors staff cases with social workers on a regular basis and have a good understanding of the status of each case. The county has significantly improved in data entry of social worker contacts. While quarterly data reports indicate visitations averaging 70%, SafeMeasures reports show that Glenn County is in the ninety percentile range in all but two months of the last twelve months (March 2007 through February 2008). Those two months are in the high eighty percentile range. Use of SafeMeasures has allowed better monitoring of data entry for the social worker, the supervisor and the manager. Unlike the Quarterly Reports, SafeMeasures allows the County to determine the progress of data clean-up and entering of the back log of contacts not entered during staff shortages. Contact waivers were not consistently being monitored and approved in the case plan notebook. While social workers entered the contact waiver in the case plan document, they were not always entering it in the case plan notebook where the data is drawn from. This led to incorrect contact timeframes.

SIP Update:

This is a new SIP goal for Glenn County.

Improvement Goal 5.0

Maintain the percentage of timely social worker visits and timely data entry in CWS/CMS to 90% compliance within a twelve month time period.

Strategy 5.1	Strategy Rationale
Monitor and track data entry of social worker monthly contacts.	Monitoring data entry assures compliance in an efficient and timely manner.

Milestone		Timeframe		Assigned to	
5.1.1 Utilize SafeMeasures for monitoring of timely social worker contacts on a weekly basis.		SafeMeasures was implemented in October 2007		CWS Managers, CWS Supervisors and social workers	
5.1.2 Train all social workers on the use of SafeMeasures.		Completed in January 2008.		CWS Managers, supervisors and social workers	
5.1.3 Provide written policy and procedures and social worker expectation for completing social worker contacts and entering the information in CWS/CMS.		May 2008		CWS Managers	
Strategy 5.2 Assure social worker planned contacts are correctly entered in the case plan notebook prior to supervisor approval.		Strategy Rationale Correct entry of data is imperative to the integrity of the data.			
Milestone		Timeframe		Assigned to	
5.2.1 Social workers will be trained on correct data entry in CWS.		Completed on March 28, 2008		CWS Supervisors and Social Workers	
5.1.2 Social worker supervisor will review the social worker planned contact in the case plan notebook for any cases with contact exceptions prior to approval.		On-going		CWS Supervisors	

Outcome/Systemic Factor: Children are, first and foremost, protected from abuse and neglect.

Outcome 6: Least Restrictive Placements (Relatives)

County's Current Performance:

Efforts are being made to place children in the least restrictive settings with relatives/NREFM's. The implementation of the Family to Family initiative in 2005 has increased the awareness of the importance of placing children with relatives.

SIP Update:

Team Decision Making, which is an important component of Family to Family, helps to guide placement decisions and focuses participants on the importance of visitation. The use of Family to Family contributes to identifying relatives who could care for children, and enables social workers to use relatives as placement resources when appropriate.

Team Decision Making meetings were initiated in July 2005 for Emergency Placements and *at imminent risk of placement* referrals. A decision was made to place children with a relative/NREFM in 25% of Emergency Placement meetings and in 17% of the imminent risk of placement referrals. In addition, many more of the meetings identified one or more relatives who might be interested in placement. Since 2005, first entries in placement with relatives increased from 5.4% to 22% with almost all decisions made at TDM meetings (Quarterly Data Reports).

SafeMeasures data for First Entries (4B) indicates first placement with relatives increased by 19.5% from Quarter 1-2004 to Q1-2007.

SafeMeasures AB636 4B Placement Entries

	Placement with Kin
Q1-2007	24.4%
Q3-2006	15.1%
Q2-2005	02.4%
Q1-2004	04.9%

Improvement Goal 6.0

The goal is to increase relative/NREFM placements by 5% for initial placements.

<p>Strategy 6.1</p> <p>Social workers will receive additional training in emergency placement of children with relatives/NREFM's. Supplies will be stocked, such as smoke alerts, for after-hours emergency placements to reduce barriers for initial placements.</p> <p>SIP Update:</p> <p>Social workers were trained in July 2007 on emergency placements with relatives/NREFM's. Supplies (batteries, smoke alerts, etc.) were stocked in after-hours CWS vans.</p>	<p>Strategy Rationale</p> <p>With additional training and resources, social workers will increase the number of initial placements with relatives/NREFM's.</p>
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Outcome/Systemic Factor: The family relationships and connections of children served by CWS will be preserved as appropriate. Well-Being Outcome 1: Children will be maintained in their communities and schools whenever possible when placed in foster care or when they are at risk of being placed in foster care.

County's Current Performance:

Improvements have been made in increasing the number of licensed foster homes in Glenn County since the last SIP. Family to Family recruitment, development and support (RDS) strategies in the last two and a half years are becoming evident in the increase in foster home licensing inquiries and applications in the last 6-9 months. AmeriCorps members have played, and continue to play, an active role in the RDS efforts in the last two years. As of February 2007, licensed homes have increased by 67% since the last SIP, which exceeded the outcome target of 50% increase. The efforts to meet this target were substantial and the success has enabled youth to remain within their own communities. More bi-cultural homes are needed for American Indian, Latino and Hmong/Lao children. The Willows community continues to have a significant need for licensed Family Foster Homes. Family connections and visitations are more easily facilitated when the foster homes are in proximity of the child's home of removal. The length of time of family reunification services prior to the return of the child to the home is reduced. Homes that can accept large sibling groups are also needed to avoid sibling separation.

The last SIP addressed the need for improvement in placing children with relatives and Non-Related Extended Family Members (NREFM). The initial placement data from second quarter 2003 to second quarter 2006 shows little change. The primary placement data is also relatively unchanged. The most noted change and improvement is in the "point in time" placement data, which went from 15.4% to 29.4%. The data indicates that children are not being placed in relative/NREFM homes until the child has been in placement for several weeks or months, but they are eventually getting there and only 7.1% below the state average.

SIP Update:

Glenn County has significantly increased least restrictive first placements in foster care with relatives. Quarterly data summary information (see attachment A, page 5 & 6) shows an increase from very low percentages of children initially placed with relatives from the baseline data of 12.7% Quarter 2, 2002-2003 to 22.0% in Quarter 2, 2006-2007. This increase is even more significant when viewed over time and given the low percentile rankings of 5.7% or less between 2003 and 2006 data. Given that first placements in county licensed Foster Family Homes has remained fairly consistent, and that placements in Foster Family Agency Homes (most are out-of-county homes as Glenn County has few FFA homes in county) has decreased. This correlates with the increase in initial placements in relative homes. In addition, point in time placement data indicates Glenn County has improved from the baseline 14.1% to 33.3%, with a 19% increase and an almost inverse decrease in FFA point in time placements.

Team Decision Making meetings are an important activity to increase placements with relatives as the relatives have an opportunity to attend the meetings, voice their concerns and provide input into solutions to help assure the children are safe. Glenn County initiated Family to Family in mid-year 2006 and started with *At Risk of Placement* and *Emergency Placement* TDMs. Of the 136 recommendations for children who were Emergency Placements, 33% were placed with relatives or NREFMs. In addition, 17% of the decisions in *At Risk of Placement* TDMs were to place with relatives. TDMs have helped keep children in their communities and in their schools.

Improvement Goal 1.0

Increase the number of licensed foster home within Glenn County by 20%.

SIP Update:

Glenn County currently has 19 county licensed homes. Four new homes have been licensed since the February 2007 SIP update, with one of the homes being bilingual. Glenn County has increased the number of licensed homes since February 2007 by 4 homes. Two homes have resigned. The following chart depicts the licensing activities since July 2005.

Licensing Statistics Since July 2005

Applied	34
License Issued	11
Pending Licensure	10
Withdrawn Application	12
Denied	1
Closed	4

The county has done a good job at getting people interested in foster care and initiating the process. Recruiting homes in the city of Willows continues to be challenging. Two of the pending homes are in Willows and one of them is bilingual. There remain challenges in completing the process, as getting families to follow through once they start the process is difficult. AmeriCorps members have provided weekly support for licensed foster parents. They call the homes weekly and provide any liaison support they need, including collecting or delivering paperwork or having the social worker contact them. In addition, this year they have started visiting the home once a month. This has been successful and foster parents report that they enjoy the contact.

This year Glenn County reintiated community presentations and purchased 10,000 coffee sleeves that local businesses will be using to advertise the need for foster parents. In addition, we have recruited at community events by staffing recruitment booths. We are also developing *Fosterware parties* that are in-home presentations for friends and family of current foster parents.

Strategy 1.1

Continue to use AmeriCorps members for RDS activities to increase the number of licensed homes with an emphasis on bicultural homes and the Willows area.

Strategy Rationale

The RDS efforts of AmeriCorps and the RDS Family to Family team are beginning to demonstrate positive results.

SIP Update:

AmeriCorps members continue to be an important part of Glenn County recruitment efforts and foster parent support efforts. An

AmeriCorps member is assigned to attend the CICC meetings to coordinate their efforts with countywide efforts to support families.		
<p>1.1.1</p> <p>Continue to use an AmeriCorps member for RDS activities. The member has been co-located with the licensing social worker and supervisor. Create list of RDS activities for the fiscal year 2007-08.</p> <p>SIP Update:</p> <p>RDS continues to meet on a regular basis and plans and coordinates many activities. AmeriCorps members play an important role in these activities. They notify foster parents of all available trainings. They coordinate and provide childcare for an eight-week Foster Parent Support Group led by a Glenn County clinician. They coordinated and provided day care for a four week <i>Love & Logic</i> training. They helped coordinate and, setup an all-day training with Dr. Bavolet, the creator of the Nurturing Parent Program. They provided child care during the training. This training counted towards foster parents licensing requirements and was open to all community members who wanted to attend. They planned and coordinated the Foster Parent Spring Barbeque for May 15, 2008 and the Foster Parent Appreciation Fall Dinner in November 2007. In addition, they help promote the Foster Parent Association annual fund raiser-<i>Old Skool Car Show</i>. The proceeds from the fund raiser provide a trip to Marine World in the fall for foster parents and their children.</p>	July 1, 2007	Licensing supervisor, Licensing social worker and AmeriCorps member
Milestone	Timeframe	Assigned to

<p>1.1.2</p> <p>Participate in community events for purposes of recruiting and community outreach. Emphasis to be on either cultures recruitment of culturally specific homes and homes in the Willows area.</p> <p>SIP Update:</p> <p>RDS team and AmeriCorps participate in most community events. Currently there are two applicant homes in the city of Willows and one of them is Spanish speaking.</p>	<p>On-Going Opportunities During Year</p>	<p>F2F/RDS team members, Licensing SW and AmeriCorps members</p>
<p>1.1.3</p> <p>Encourage more participation of foster parents in F2F team TDM meetings, CICC, and other trainings with CWS staff and partners. Maintain communication with foster parents on regular basis. Foster parents are the best recruiters.</p> <p>SIP Update:</p> <p>Glenn County has not initiated placement move and exit TDMs as hoped due to staff turnover during the 2007 year. Initiating these types of TDMs will increase foster parent participation in these meetings. As noted above, foster care providers continue to be supported by the AmeriCorps member's monthly contact including face-to-face contact this year. Foster parents are receptive to <i>Fosterware</i> parties and appear to be our best advocates for this job.</p>	<p>May 1, 2007</p>	<p>AmeriCorps members, Licensing social worker, CWS supervisors and CWS program manager</p>

Outcome/Systemic Factor**Systemic Factor 1: Management Information Systems (CWS/CMS)****County's Current Performance:**

Timely Social Worker visits-need to improve ~~the face-to-face contacts~~ data entry to meet the compliance threshold. Data quarterly reports: 80.9% for second quarter 2006; 81.0% for second quarter 2003-no change. Prolonged staff vacancies contribute to the issue of timely contacts and data entry. Delays in data entry sometimes occur months later. Current information is often missing in the system due to the inability of the social worker to keep up to date. The benefit of the electronic system cannot be fully appreciated with the delays in entering the necessary information.

SIP Update:

Utilizing summary reports from the quarterly self assessment data, the county data was not indicating what the staff believed to be true. At the same time we knew that data entry was a problem and has been from initiation of CWS/CMS and with certain workers. Therefore it was not surprising that we were well below the eighty percentile range. It was difficult for supervisors to determine if contacts had been entered without opening individual cases and querying the contact notebook or running a delivered service log for each case. Glenn County has always espoused the importance of monthly contacts and a philosophy of 100% compliance of visiting children. Workload mandates, staff turnover and social workers inclination to procrastinate over data entry have been constant barriers to having good data reports. The county began using SafeMeasures in late 2007 and this has made a significant difference in being able to monitor contact entries. Utilizing SafeMeasures the county was able to determine which contact were not entered and then institute a mass effort to get back contacts entered. Managers, supervisors and social workers were trained on SafeMeasures and social workers learned how to use *My Caseload* to help get their contacts entered. This has led to a significant increase in contact entries as evidenced by SafeMeasures reports to date.

Improvement Goal 1.0

~~The goal is to improve contact time at least by 10%.~~

Increase the timely and accurate documentation in CWS/CMS of social worker planned contacts to assure visitation in the ninety percentile range.

SIP Update:

By February of 2008 contact entries had improved significantly. While summary data from the County Self Assessment quarterly data reports indicate visitations averaging 70% (see attachment A), SafeMeasures reports show that Glenn County is in the ninety percentile range in all but two months of the last twelve months (March 2007 through February 2008). Those two months are in the high eighty percentile range. This is a high priority outcome Glenn has focused on the last few months. The improvement is confirmed by the recent County Self Assessment Quarter 3 2007 report, with Glenn County having above 90% compliance rating for each month of the quarter.

<p>Strategy 1.1 Timely social worker contacts in FR, PP, and FM programs with children are the priority. Contacts will be entered into the CWS/CMS system as evidence of the completed contact. Additional social worker staff is anticipated with the current recruitment</p> <p>SIP Update: The Department has hired new social workers and now has only one unfilled position in CWS. The Department is working on requesting to hire that position despite a hiring freeze from the County Board of Supervisors. Contacts are now monitored through use of SafeMeasures on a weekly basis.</p>		<p>Strategy Rationale Social worker contacts are most often completed within the regulatory timeframes even with staff vacancies. Children are seen by their social worker on a monthly basis to determine their continued safety and well being. With the filling of the social worker vacancies, data entry can be completed following the face to face contact with the child.</p>	
Milestone		Timeframe	
<p>1.1.1 CWS supervisors will review caseload distribution for each social worker to maximize efficiency and complete required contact timeframes as well as enter the contact into the CWS/CMS system. SIP Update: Supervisors have reviewed caseload distribution and cases are now more equitably distributed.</p>		<p>June 1, 2007 (following the hiring of new social workers)</p> <p>Completed February of 2008</p>	
<p>1.1.2 CWS supervisors will review social worker caseloads on a monthly basis to ensure the contacts are being made per case plan requirements.</p>		<p>In Progress</p>	
		Assigned to	
		<p>CWS Supervisors and CWS Manager</p> <p>CWS managers and CWS supervisors</p>	
		CWS Supervisors	

<p>SIP Update: CWS supervisors are reviewing social worker caseloads on a weekly basis for contact entry and case plan compliance. SafeMeasures is a valuable tool to utilize to assure compliance.</p>		
<p>Strategy 2.0 Use SafeMeasures print outs of <i>My Case Load</i> as a case conferencing tool and training aid to assure compliance with face-to-face contacts, case plan approvals and service needs. SIP Update: This is a new strategy of Glenn County. The on-going unit has a new social worker supervisor as of March 2008. The new supervisor has been trained in the use of SafeMeasures and is instituting it in his case conferencing activities starting in April 2008.</p>	<p>Strategy Rationale Utilizing SafeMeasures as a point of discussion increases compliance with social worker mandated activities.</p>	

Milestone			
2.1.1	The CWS supervisors will require social workers to bring print outs from <i>My Case Load</i> in SafeMeasures to case review/conferencing meetings to monitor staff performance in CWS mandated activities.	April 2008	CWS Supervisors
2.1.2	CWS Manager will review SafeMeasures printouts with Supervisors at regularly scheduled meetings.	May 2008	CWS Manager and CWS Supervisors
2.1.3	Social Workers will enter missing data within one week of identification by their supervisor.	May 2008	CWS Social Workers

2.1.4 Data quality assurance team (SQUAT) will develop written procedures and staff expectations for Social Worker face-to-face activities and closing cases timely including data entry expectation, processes and procedures.	May 2008	SQUAT team
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Outcome/Systemic Factor			
Systemic Factor 2: Reliable data is fundamental to program analysis, the associated changes in CWS practice, and accurate outcome measurements.			
<p>CWS staff and agency partners will receive the necessary training to support CWS activities. Regular review of data/outcome reports will inform CWS practices in those areas of strength and weakness. Agency and community partners have indicated that more training regarding CWS would be beneficial to them to better assist the activities of CWS Redesign. CWS staff has indicated that additional training to support social worker duties would increase their efficiency and overall program knowledge. Social workers have to learn “on the job” for many of the day-to-day activities. The CORE training through the Northern Regional Training Academy (RTA/UCD) is the fundamental and foundational training that new staff receives. Social worker staff continue to have training and coaching needs from their supervisor that occur on a daily basis.</p> <p>SIP Update:</p> <p>This is an on-going process. All Community Action partners have a CWS log-on and have been trained in entering information in CWS. Community Action managers take part in the Statistical Quality Assurance Team (SQUAT) reviews.</p>			
Strategy 2.1 Improve protocol, policy and procedures regarding data entry and review.	Timely and accurate data entry are important to measuring outcomes and managing staff performance.		
2.1.1 Team Decision Making facilitators will prepare and provide training on roles and responsibilities of the TDM participant. The TDM protocol will be provided and reviewed for clarity and understanding.	August 1, 2007	Assigned to	The Family to Family (F2F) trained TDM facilitators and other F2F team members.

<p>SIP Update: Family to Family faculty provided a two-day training workshop to social workers and community partners in June 2007 regarding TDM roles and responsibilities. Additional trainings regarding TDM issues will be on-going as needed.</p>	<p>August 2007 June 2007</p>	<p>CWS staff and Community Action partners Family to Family faculty</p>
<p>2.1.2 CWS social workers will all receive the mandated training provided by the RTA. Additional training and mentoring will occur for each social worker by their supervisor to learn CWS skills not provided by CORE training. Local policy and procedure will be part of this training. SIP Update: New staff is nearing completion of CWS CORE training. In addition, on-going cross training is provided quarterly for social workers and partners.</p>	<p>July 1, 2007 and on-going following the hiring of new social workers.</p>	<p>RTA, CWS Supervisors and CWS Manager.</p>
<p>2.1.3 Agency and community partners will receive CWS overview training, including mandated reporter training. SIP Update: Community partners and agency staff have completed training in mandated reporting and other mandates of CWS.</p>	<p>July 1, 2007</p>	<p>CWS supervisors, CWS social workers, CWS manager and CAD staff.</p>

Strategy 2.2 Well-developed local data reports will be important in reviewing CWS activities and subsequent outcomes. The supportive activities of agency and community partners will also be reflected in these statistical reports. CAT data reports have not yet been available due to inconsistent usage of CAT tools at all Standard Areas of Review (SAR) of the referral and case. SIP Update: The Outcomes and Accountability Program Manager has developed data reports for the SQUAT team using self assessment quarterly reports, SafeMeasures summary reports, DR descriptive data sets, Business Object reports and other reports as needed.		Strategy Rationale It is important to have valid data available for CWS management and key stakeholders. CWS Redesign is dependent on data to inform practice and improve outcomes for family and children.	
Milestone		Timeframe	
2.2.1 The Statistical Quality Assurance Team will meet on a monthly basis to determine the type of data reports that are needed. SIP Update: After a short hiatus and due to workload and other issues, the team has met monthly since January 2008 and is establishing a routine method of reviewing the status of Glenn County outcome performance.	June 2007		CWS Manager, Data Analyst, and CAD Manager
2.2.2 The Statistical Quality Assurance Team will review the data reports to determine where practice changes are needed.	June 2007 Ongoing		
Assigned to		CWS Manager, Data Analyst, and CAD Manager	

<p>SIP Update:</p> <p>The SQUAT has been meeting at least monthly since January 2008. They are in the process of formalizing an agenda that helps to focus on developing process, procedures and expectations that address the outcome goals of the SIP and other agency assessments to improve practice, outcome and accountability.</p>		
<p>2.2.3</p> <p>CWS staff will fully utilize all the CAT tools. CAT data will be available through the SPHERE Institute. Filling social worker vacancies will improve completion of all CAT tools.</p> <p>SIP Update:</p> <p>Most social worker vacancies have been filled and all social workers have been trained in the use of the CAT assessment. Additional training was provided on April 14th and April 18th for all CWS staff to improve consistency and implementation of the CAT during the life of a case.</p> <p>Barriers to assuring that SPHERE receives CAT data continue to be an issue due to the counties status as a <i>dedicated CWS/CMS county</i>. For instance it took the county over a year to institute a <i>concurrent status</i> that would allow CAT data to be easily accessed for upload to SPHERE. This point may become moot when CAT assessments become web based, which is the current plan.</p>	<p>August 1, 2007</p>	<p>CWS social workers, CWS supervisors, and CWS Manager</p>

Describe any additional systemic factors needing to be addressed that support the improvement plan goals.

1. Differential Response (DR): These essential supportive services are dependent on continued state and federal funding. Community partners are unable to sustain DR services without funding administered through CWS/SSD. Differential Response has been one of the most successful approaches implemented in the county as a result of CWS Redesign. DR is not integrated into CWS/CMS. Community partner tracking of services is outside CWS/CMS once CWS is no longer involved and is mostly descriptive data. ACIN 1-03-07 dated January 25, 2007 states that DR/CBO contacts are to be entered in CWS/CMS. Not all CBOs have access to CWS/CMS to perform this task.

SIP Update:

DR Pathway I cases cannot be tracked in CWS/CMS once the referral is closed. CWS cases with additional Differential Response services through Community Services are currently being recorded in CWS/CMS in the contact notebook as a Delivered Service.

2. Comprehensive Assessment Tool (CAT): Implementation of CAT without integration into CWS/CMS has been problematic and has significantly increased social worker and supervisor workload. *Concurrent* CWS/CMS status will ease some of the workload, but neither CAT nor Structured Decision Making (SDM) is supported in CWS/CMS. Systems must support initiatives to increase likelihood of consistent and full implementation among counties. CWS practice changes and data reliability improves when *workarounds* are not a necessity for implementation.

SIP Update:

Being *concurrent* in CWS/CMS has not improved the workload impact of CAT for the social workers or supervisors. Due to SHPERE's decision to move to a web-based system, they have not moved forward with the plan to utilize the concurrent status as planned. Currently every individual CAT form must be opened by a supervisor and saved to a shared folder (only one supervisor now has access to save in the shared folder) on CWS/CMS. This requires the supervisor to go in to every case notebook to complete this process. This is time consuming and an inefficient use of supervisor's time.

Training is currently taking place to assist the social workers in seeing the value of the CAT tools and with the goal of better integration into practice.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

General CWS training needs to be provided to school personnel, agency and community partners. Training would include *refresher* training regarding new CWS initiatives for continuing staff in other agencies and the community, as well as CWS 101 for new partners. The Northern RTA (UCD) could perhaps provide this training in conjunction with experienced CWS staff.

CWS staff lacks some CWS training at a local level due to the current overextended workloads of the two CWS supervisors. CORE training has been the primary training received by the *newest* social workers. In the past, social workers were sent within about three months to the CWS CORE training. The practice has changed to not send social workers until later, within 3-6 months, due to the need to immediately assign cases to new staff. Also, new social workers are not being sent immediately because of social worker retention issues to avoid the investment of time and expenses of staff that do not remain in the position for more than a few months. With the anticipated hiring of new social workers by the end of May 2007, it will be necessary to provide local training as well as training by the RTA and Family to Family faculty.

The Northern RTA will be providing an assessment of CWS in Glenn County to look at systemic and programmatic issues. The RTA will then make recommendations to improve efficiency, streamline tasks, achieve better CWS outcomes, and develop improved strategies for CWS staff recruitment and retention, including training of new and ongoing staff. It is anticipated this will be completed within the next three months. Results of that assessment will be used to develop further steps towards improvement.

SIP Update:

A comprehensive organizational assessment of Glenn County CWS was conducted in July of 2007. The Director, managers, supervisors, social workers, analyst, clerical staff, Community Services staff, AmeriCorp volunteers, vocational assistants and other community partners participated in the assessment. In addition, a random sampling of case files and CWS/CMS files were reviewed and also included risk and safety assessments, case planning and processes for referrals to community providers. The goal of the assessment included identifying organizational strengths and opportunities in achievement of the agency's strategic goals and outcomes and actions to eliminate challenges or lessen their impact. The initial recommendation and plan are attached as Attachment C.

Glenn County has initiated this plan as recommended to insure that tools are being used to inform and impact practice and to provide written policy and procedures needed for consistency from staff to staff.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

Clarification of abuse and neglect allegations is needed at the State and CWDA level. Allegations (i.e., *substantial risk*) are defined differently by each county. The conclusion of those allegations varies from county to county. The county specific and statewide maltreatment data is unreliable. Well-intending CWS staff does not always recognize the broad range consequences to an *alleged perpetrator* erroneously entered into DOJ/CACL. Agreements must be made with CDSS, CWDA and the California Department of Justice (DOJ). Statewide training will be a necessity to insure conformity among the 58 counties.

SIP Update:

CWS staff has been trained on the use of *substantial risk* per ACL 07-52 (December 21, 2007). This will promote consistency among social workers.